Note to Departments:

This letter of offer constitutes an initial notice of appointment for a clinical fellow. Conditions for renewal of this appointment should not be stated in this letter of offer. All paragraphs listed below are required, as noted. Please ensure that you clearly articulate the stipend on a monthly basis.

Commit no more than one 12-month appointment period in this letter of offer and notice of appointment. For renewal of appointment in subsequent years or terms, complete a model notice of reappointment available at http://hr.oregonstate.edu/policies-procedures/administrators/contract-renewal-and-non-renewal-model-letters.

This letter provides notice for a new clinical fellow. Should you have questions, or need an exception to this model letter, contact the Employee and Labor Relations Manager in the Office of Human Resources and copy your Business Center Human Resources Representative

Note: This appointment must be for a 12-Month period of time; i.e. the end date should be one year from the start date (irrespective of the fiscal year). All Clinical Fellow appointments should be considered full-time commitments with a full-time annual stipend.

Date
Inside Address

Dear ____________:

I am pleased to offer you an appointment as Clinical Fellow in the [Office/Department/College] of ________. This letter, when accepted below, serves as a notice of appointment for the period beginning _____ and ending **______ with a stipend of $_____ per month. Reappointments are at the discretion of ______________. (Use this sentence if appropriate)

ALTERNATIVE Paragraph: If the clinical fellow will be paid from a gift, grants, or contract funding source(s), use the following paragraph in place of the previous paragraph:

I am pleased to offer you an appointment as Clinical Fellow in the [Office/Department/College] of ________. This letter, when accepted below, serves as a notice of appointment for the period beginning **_____ and ending **______, contingent on receipt and continuation of gift, grant, or contract funds sufficient to cover your stipend and healthcare insurance premiums for this period. Your stipend will be $_____ per month. Reappointments are at the discretion of ______________.

Offer Prior to Degree Completion - (Do not use this paragraph for CAPS clinical fellows.)

If the department would like to make an offer prior to a candidate's completion of his/ her required degree(s), the following paragraph must be included. The candidate must complete his/ her academic program and be granted the required degree(s) no later than the start date of the appointment.

This offer is contingent upon completion of your ____****__ degree by [enter appointment begin date here] __________, the start date of your appointment. Please provide proof of completion of your degree to [department head or other appropriate department/college administrator] before the start date in order to demonstrate that the contingency has been met.
OSU Policies and Standards - Use in EACH letter:

This appointment is subject to all OSU policies and standards, which are incorporated by this reference.

Work Authorization Requirement - Use in EACH letter:

This appointment is contingent on your demonstration of your authorization to serve as an intern in the United States for OSU. Continuation of the appointment will require your continuing ability to demonstrate that you remain authorized to receive a stipend as Clinical Fellow in the United States at OSU.

Criminal History Check - Use when an appointment is contingent upon a satisfactory criminal history check (CHC):

This position is designated as a critical or security-sensitive; therefore, you must successfully complete a criminal history check and be determined to be position qualified as per OSU Standard 576-055-0000 et seq. Because you hold a critical or security-sensitive appointment, you are required to self-report convictions [and because you are assigned Youth Program duties, your criminal history will be checked every 2 years]. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

Valid Driver’s License/ Satisfactory Driving History - Use when an appointment is contingent upon a valid driver’s license/ satisfactory driving history:

This appointment requires driving a university vehicle or a personal vehicle on behalf of the university; therefore, the incumbent must successfully complete a motor vehicle history check, possess and maintain a current, valid driver’s license in their state of residence, be determined to be position qualified and self-report convictions (as per Voluntary and Compulsory Driver Standards OSU Standard 125-155-0200) as per OSU Standard 576-056-0000 et seq. Offers of appointment is contingent upon meeting all minimum qualifications including the motor vehicle check requirement. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

Assigned duties - Use in EACH letter:

Your program expectations are available from your faculty mentor [or the department/college].

Insurance

Upon accepting this appointment you must enroll in the health insurance plan at the following website: http://studenthealth.oregonstate.edu/insurance/. If you have other health insurance coverage deemed comparable to the university’s, you may waive coverage under the university’s plan. Information on waiving coverage is available at http://studenthealth.oregonstate.edu/insurance/. If you waive coverage under the university plan you are not eligible to receive the University’s contribution towards health insurance premiums as a cash back option.

Personal Demographic Paragraph - Use if appointee has had no prior appointment with OSU. A new form MAY be required. See the OSCAR Rehire/ Reappoint tasks instructional text when rehiring or reappointing a former employee to determine whether or not a new form is required.) The paragraph can be excluded if a form is not required:

Please complete the enclosed personal demographic form and return it to __________. This will speed up your access to campus services.
Technology Transfer Statement - Use one of the following paragraphs, as appropriate:

Use if a Personal Demographic form is required:

Oregon State University has a technology transfer program. You are required to sign an agreement concerning the rights to technology developed during your appointment at OSU. If you would like additional information, including rights to a royalty share, contact the Office of Commercialization and Corporate Development, Kerr Administration Building B308, (541) 737-0674.

Use if a Personal Demographic form is NOT required:

The Technology Transfer Agreement signed at the time of your original appointment with OSU will remain in effect.

Acceptance Statements - Use in EACH letter:

If you find this offer to be acceptable, please sign one copy of the letter and return it to me. The other copy is for your records.

We look forward to your acceptance of this offer.

Sincerely,

(Dean, Director, or Department Head/Chair)

I accept this offer, as outlined in this letter.

Clinical Fellow Name ____________________________ Date __________

C: Business Center Human Resources Unit (following Clinical Fellow signature)
   [Dean, Director, Department Head/Chair]